| COMBINED DECLARATION  | N AND POWER OF ATTORNEY   | Attorney Do                                | ocket No.  |  |
|---|---|--|--|--|
| As a below named inventor, I hereby   | declare that:   |  |  |  |
| My residence, post office address an  | d citizenship are as stated below next to my  | name,                                      |  |  |
|   | sole inventor (if only one name is listed belo<br>is claimed and for which a patent is sought   |  |  | (if plural names are                         |
| Foam Glass Cleaning Composition   |   |  |  |  |
| he specification of which   |   |  |  |  |
| (check one) $\underline{X}$ is attached                                       | hereto.   |  |  |  |
| _ was filed or  | as _ Appl   | ication Serial No                          |  | _  |
|   | ess Mail No. , as Serial No. including all the amendments through the da  | not yet known,<br>ate hereof.              |  |  |
| hereby state that I have reviewed an amendment referred to above.             | ad understand the contents of the above-iden  | tified specification,                      | including the claims                             | , as amended by any                          |
| acknowledge the duty to disclose to ederal Regulations, §1.56.                | the Office all information known to me to b   | pe material to patent                      | tability as defined in                           | Title 37, Code of                            |
| isted below and have also identified  | ts under Title 35, United States Code, §119 below any foreign application for patent or   | of any foreign appl                        | ication(s) for patent or<br>having a filing date | or inventor's certificate before that of the |
| application on which priority is clain  | ned:  | _  |  |  |
|   |   | r  | rior Foreign Applica                             | tion(s) <u>Priority Claimed</u>              |
| (Number)  | (Country)   | (Day/Month/Year Filed)                     | Yes No   |  |
| (Number)  | (Country)   | (Day/Month/Year Filed)                     | Yes No   |  |
| natter of each of the claims of this apparagraph of Title 35, United States ( | 35, United States Code, § 120 of any United optication is not disclosed in the prior United Code, § 112. I acknowledge the duty to disclode of Federal Regulations, § 1.56 which be filing date of this application | l States application ose to the Office all | in the manner provid                             | led by the first<br>to me to be material to  |
| (Application Serial No.)  | (Filing Date)   |  | Status) patented, pending, abandoned)            |  |
| (Application Serial No.)  | (Filing Date)   | Ú  | (Status) (patented, pending, abandoned)          |  |
| (Application Serial No.)  | (Filing Date)   |  | Status) patented, pending, abandoned)            |  |
| hereby claim the benefit under Title  | 35, United States Code 119(e) of any Unite  | d States provisional                       | applications listed b                            | elow.  |
| (Application Serial No.)  | (Filing Date)   |  | (Status)   |  |

(Filing Date)

(Filing Date)

(Status)

(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(Filing Date)

(Application Serial No.)

(patented, pending, abandoned)

(Status) (patented, pending, abandoned) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and

transact all business in the Patent and Trademark Office connected therewith:
Richard Ancel, Reg. No. 26,438; Bernard Lieberman, Reg. No. 26,194; Michael M. McGreal, Reg. No. 25,356; Richard E. Nanfeldt, Reg. No. 27,050; Paul Shapiro, Reg. No. 22,322; Martin Barancik, Reg. No. 25,189; my attorneys with full power of substitution and revocation.

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| FULL NAME OF SOLE OR                         | INVENTOR'S SIG                                   | NATURE                     | DATE        |  |  |  |
| FIRST INVENTOR                               | eared  |                            | 14/07/ 2003 |  |  |  |
| Isabelle Leonard                             | eaver  |                            | 17/37/ 2003 |  |  |  |
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| FULL NAME OF SECOND                          | INVENTOR'S SIG                                   | NATURE                     | DATE        |  |  |  |
| JOINT INVENTOR IF ANY                        | 2 other  | <del></del>                | 17/07/2003  |  |  |  |
| Patrick Diet                                 | - DAME   | -A-A-A-S                   | 1410412003  |  |  |  |
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| FULL NAME OF THIRD JOINT                     | INVENTOR'S SIG                                   | NATURE                     | DATE        |  |  |  |
| INVENTOR IF ANY                              |  |                            |             |  |  |  |
|  |  |                            |             |  |  |  |
| RESIDENCE                                    |  |                            | CITIZENSHIP |  |  |  |
|  |  |                            |             |  |  |  |
| POST OFFICE                                  |  |                            |             |  |  |  |
|  |  |                            | T           |  |  |  |
| FULL NAME OF FOURTH                          | INVENTOR'S SIGN                                  | NATURE                     | DATE        |  |  |  |
| JOINT INVENTOR IF ANY                        |  |                            |             |  |  |  |
| RESIDENCE                                    | L  |                            | CELIZENCLUD |  |  |  |
| RESIDENCE                                    |  |                            | CITIZENSHIP |  |  |  |
| POST OFFICE ADDRESS                          | <del>*****</del> ******************************* |                            |             |  |  |  |
| 1 001 01110211221                            |  |                            |             |  |  |  |
| FULL NAME OF FIFTH JOINT                     | INVENTOR'S SIGN                                  | JATURE                     | DATE        |  |  |  |
| INVENTOR IF ANY                              | 211211101101101                                  | WITCHE                     | DATE        |  |  |  |
|  |  |                            |             |  |  |  |
| RESIDENCE                                    |  |                            | CITIZENSHIP |  |  |  |
|  |  |                            |             |  |  |  |
| POST OFFICE ADDRESS                          |  |                            |             |  |  |  |
|  |  |                            |             |  |  |  |
| FULL NAME OF SIXTH JOINT                     | INVENTOR'S SIGN                                  | NATURE                     | DATE        |  |  |  |
| INVENTOR IF ANY                              |  |                            |             |  |  |  |
|  |  |                            |             |  |  |  |
| RESIDENCE                                    |  |                            | CITIZENSHIP |  |  |  |
|  |  |                            |             |  |  |  |
| POST OFFICE ADDRESS                          |  |                            |             |  |  |  |
|  |  |                            |             |  |  |  |
| FULL NAME OF SEVENTH                         | INVENTOR'S SIGN                                  | JATURE                     | DATE        |  |  |  |
| JOINT INVENTOR IF ANY                        |  |                            |             |  |  |  |
| Province -                                   |  |                            |             |  |  |  |
| RESIDENCE                                    |  |                            | CITIZENSHIP |  |  |  |
| POST OFFICE ADDRESS                          |  |                            |             |  |  |  |
| 1 O31 OFFICE ADDRESS                         |  |                            |             |  |  |  |
|  | <del></del>                                      |                            |             |  |  |  |
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